

**STATE TRAUMA ADVISORY BOARD**  
**MINUTES**  
**November 3, 2005**  
**150 North 18<sup>th</sup> Avenue, Conference Room 540-A**

**Members Present:**

Ben Bobrow (Chairman)	Ritch Steven
David Leinenveber	Mark Venuti
Roy Ryals	Philip Johnson
Stewart Hamilton	Rich Thacher
Debbie Johnston	Scott Petersen
Bill Ashland	
Jeff Farkas	

**Members Absent:**

Stuart Alt  
Robert Galey  
John Porter  
Charles Frank Allen  
Anslem Roanhorse  
Dennis Shelby  
Jim Flaherty

**I. CALL TO ORDER**

Ben Bobrow, Chairman, called the regular meeting of the State Trauma Advisory Board to order at 9:05a.m. A quorum was present.

**II. DISCUSSION and Action on September 22, 2005 Minutes**

A motion was made by Mark Venuti and seconded by David Leinenveber to approve the minutes of September 22, 2005. **Motion carried.**

**III. REPORTS:**

**A. Report from the Office of the Director**

**1. Discussion on Status of Bureau of Emergency Medical Services, Public Health Preparedness Services, Division of Public Health Services, and Department of Health Services**

- Vicki Conditt, Trauma Section Chief, reported the following:
  - A statewide EMS and trauma assessment has been completed
  - Representatives from each of the four regions are reviewing the assessment
  - The assessment should be sent out by January 1, 2006

**B. Chairman's Report**

**1. Introduction of new STAB Membership**

- Ben Bobrow, Bureau Medical Director, introduced new member Ritch Steven to the Board for the category of Representative From A National Association of Retired Persons to the Board

**C. Public Health Statistics**

**1. Trauma Registry Report**

- Anita Ray, Trauma Registry Manager reported:
  - Trauma One Advanced training was held September 29<sup>th</sup> and 30<sup>th</sup> at the ASU Downtown Center
  - Table A items were mapped for conversion
  - Table A is now under final review and we are expecting to send it to the software vendor next week

- The software vendors will work with each hospital to convert the identified data items
- The vendor will create one database of all the converted data to replace the data in our state system
- The phase II standardization process consists of mapping and conversion of the remaining data elements that were not covered in phase I
- Data dictionary was created in draft form and sent out to TRUG members for review and will continue to be updated
- We will be working on an operational manual to help hospitals in how to extract data
- Compiled addresses of all hospitals and transport agencies in Arizona to be used in the Trauma One letter module

**2. Discussion and Action on State Required Data Elements**

- Georgia Yee asked the board's guidance on what data elements they want required to be reported to the trauma registry in the future.
- Georgia Yee suggested that STAB follow the "October 2002 AZ State Trauma Registry Data Elements Page" column (attachment C) and the Trauma Registry User Group (TRUG) March 2004 table as the required data elements for the Trauma Registry until STAB or AZTQ can further review this issue.

**3. Discussion and Action on types and content of Data Reports**

- Georgia Yee requested the board's guidance on what reporting should be presented to STAB (attachment C).
- Georgia Yee suggested reporting on management reports in terms of what hospitals reported, how many cases reported for that quarter, not by hospital but an aggregate number and on basic information like gender/sex, triage criteria or injury classification.
- It was recommended that:
  - The Arizona Trauma System Quality Assurance and System Improvement (AZTQ) Committee be reactivated to work on the required data elements and the future data reports
  - That an Epidemiologist be on the AZQT Committee.
  - Reporting on basic information when the conversion comes back from the vendor. For example: Age, gender, triage criteria, classification injury, and a quarterly number of the hospitals reported. Organ donor was not one of the data points.
  - We look at data items that show a progression
- Georgia Yee stated that the preliminary data elements would include:
  - Total cases, age, gender, triage criteria, discharge – ED and hospital, safety equipment, and hospitals reporting
  - Severity will be looked at in Phase II
- Determine participation to see where the data is coming from
- As more facilities become designated they will be required to participate in the trauma registry

**IV. ARIZONA DEPARTMENT OF HEALTH SERVICES:**

**A. Discussion on use of monies appropriated for trauma designation**

- Vicki Conditt stated that when the legislation was passed for trauma designation the legislation appropriated \$100,000 to accompany the process
  - The money will be used to assist the facilities in the designation process and some other money in the trauma budget
  - Levels I, II and III are looking at approximately \$12,000 for two surgeons
  - The appropriation is a non-reverted amount
  - The board asked for an update on the breakdown on future funding for trauma designation

**B. Follow-up on question raised pertaining to Open Meeting Laws and applicability to Regional Council Meetings**

- This item was tabled to the next meeting or an e-mail will be sent out when we receive an answer from the Attorney General's Office

**Item: Open Meeting Laws and applicability to Regional Council Meetings**  
**Follow Up: STAB MEETING**  
**When: January 19, 2006**  
**Who: Vicki Conditt**

**V. OLD BUSINESS:**

**A. Discussion and Action on update from the Arizona Hospital Association and their possible support of seeking trauma center funding for non-Level I trauma centers**

- After the last State Trauma Advisory Board, meeting the Hospital Association's Government relation's council met and discussed trauma center funding for potential level II and level III's. There was support for this but it was not set as a legislative priority for the next session. Members of the hospital association think we really need the data before going to the Legislature. We need to know what hospitals out there do intend to get designation and what the trauma needs are throughout the state. We probably need to have a year of gathering data before going to the Legislature to ask for money. The Hospital Association will be surveying the members to find out their intentions and coordinate this with the Department
- It was recommended that:
  - That the Department find out what the state's needs are for trauma centers
  - That the state get the rural hospitals to become participants in trauma center designation

- That the Hospital Association and the Board work on these issues and possibly go to the Legislature next year
    - This way the self-designated Level I hospital will still get reimbursement through the current pot of money
- That the state reimbursement be through AHCCCS for the hospitals that have higher levels of trauma designation
  - Whether it is done legislatively or through rules
- Go to the legislature and show that there is a viable public good associated with the appropriation
- Explore alternative data sources either through the hospital discharge data set or various EME data set sources to try and establish what the need is
  - When the trauma registry is on board we will be able to have reliable data and identify a dollar amount from the data

**B. Discussion and Action on status of Proposition 303 (tobacco tax) monies and the availability of these monies for reimbursement of trauma readiness and uncompensated care costs for Level II, III, and IV trauma centers**

- The tobacco tax monies were subject to appropriation so the legislature put all the money into uncompensated care.
  - It was recommended that the Board develop data to show the unmet need.
- Pete Wertheim, Legislative Liaison, reported there are currently no bills related to the trauma system or EMS moving forward at this time. There are some areas that will impact trauma and/or EMS that are being finalized at the Governor's Office. He stated that when the time is right to go before the Legislature he would be very willing to assist the Board.
  - A question was asked regarding the monies for Section 1011 Funding.
  - Debbie Johnston stated that the Hospital Association has appointed a fiscal intermediary a month or so ago. The big sticking point for the Section 1011 funding was monies that were suppose to be appropriated for uncompensated care and an assumption that a patient would be stabilized within two days. The hospital will be reimbursed for a two-day stay. Anything after that would be subject to some sort of an assessment.
  - The first data submission for 1011 is in December.

**C. Discussion and Action on STAB workgroup formation to look at alternate sources of trauma funding to build a rural trauma system and support the objectives of the State Trauma Plan**

- A motion was made by Mark Venuti and seconded by Philip Johnson to table this item until we get the data. **Motion carried.**
  - Georgia Yee stated that she would talk to Richard Porter regarding including hospital data and ED data in order to

gather other information statewide.

**VI. NEW BUSINESS:**

**A. Discussion and Action on Reconvening the Arizona Trauma System Quality Assurance & System Improvement (AZTQ) Committee**

- A motion was made by Scott Petersen and seconded by Philip Johnson to reconvene the System Quality Assurance Committee with the current members eligible for continuation but with appointment of new members to old vacancies. **Motion carried.**

**Item: Reconvening the Arizona Trauma System Quality Assurance & System Improvement (AZTQ) Committee**

**Follow Up: Meet before next STAB Meeting**

**When: January 19, 2005**

**Who: Donna Meyer**

**B. Discussion and Action on EMS and Trauma System Plan:**

**1. 2002 – 2005 Plan – Review Objectives**

- BEMS has started the process to draft the 2006 – 2010 System Plan. A strategic process completing a draft plan by end of May 2006 is being developed. Preparing the 2006 plan should take into account status of the goals, objectives, and tactics of the 2002 – 2005 plan, i.e., which have been fully accomplished, partially accomplished or not accomplished.
- A matrix containing the goals, objectives and tactics for each major section of the 2002-2005 Plan was sent to each STAB member. We are requesting STAB's input in determining the status of each goal, objective, and tactic.
- Please review each goal, objective and tactic and indicate in the Status column whether the objective was fully met, partially met, or not met. Please include any information in the Comment column that may clarify or explain your entry, e.g. a completion date, or how the objective was completed, etc.
- The cumulative Matrix findings can be a tool to assist STAB in making recommendation on developing and implementing the EMS and Trauma System Plan.
- The matrix can also be used to annually measure incremental system implementation.
- It was recommended that:
  - The annual report from STAB to the Director be done as soon as possible
  - That the time frame be moved up to respond to the objectives in the next week or two
  - Draft documents be reviewed by the STAB Executive Committee

**2. 2006 – 2010 Plan**

- In addition to using the findings from the 2002-2005 System Plan Matrix, BEMS will use the aggregate findings from the EMS and Trauma System Plan 2005 Annual Assessment in drafting the 2006 Plan. The final version of the 2005 Assessment should be completed by the end of the month, and distributed early next year.
- The 2002-2005 Plan utilized the federal Model System format, and the 2006 Plan will be no different. The 2006 Plan will utilize the HRSA “Model Trauma System Planning and Evaluation” document, with a latest draft of March 2, 2005.
- Future HRS grant funding for trauma systems development and implementation will be contingent upon grantees modeling their trauma systems after the HRSA document.
- It was recommended that the American College of Emergency Physicians (ACEP) joint program with the American College of Surgeons (ACS) come look at our state as a consolidation visit with regard to trauma systems
  - This will help with the needs assessment for 2006
  - Vicki Conditt stated that for the current HRSA grant we requested a site visit from ACS for 2007
  - Vicki Conditt stated the 2007 site visit would be included in the 2006-2010 plan.

**VII. CALL TO THE PUBLIC**

No one came forward

**VIII. SUMMARY OF CURRENT EVENTS**

There were no announcements

**IX. NEXT MEETING**

The next STAB meeting will be held on January 19, 2006

**X. ADJOURNMENT**

The meeting adjourned at 10:35 p.m.

Approved by: State Trauma Advisory Board

Date: January 19, 2006